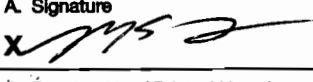


D.I. # _____

CIVIL ACTION
NUMBER: 08-197 JJF

U.S. POSTAL SERVICE
 CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>WARDEN PERRY PHELPS DELAWARE CORRECTIONAL CENTER 1101 PADDOCK ROAD SMYRNA DE 19977</p> <p>CLERK, U.S. DISTRICT COURT DEPT. OF CORRECTIONS 3:39 2008 MAY 23</p>		<p>B. Received by (Printed Name) <u>M. Lamon</u></p> <p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <u>08-197JJF</u></p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7007 3020 0002 3321 4424</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

Scanned- K&R 5/23/08